



**CITY OF ST. PAUL**  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
ST. PAUL, MINNESOTA 55101-1806

**DEMOLITION PERMIT APPLICATION**

Visit our website at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Building Name	Date
<b>PROJECT ADDRESS</b>					
<b>Contractor</b> (Include Contact Person)		Address City State, Zip+4 (Permit will be mailed to the Contractor's Address)		Phone	
<b>Property Owner</b> (Include Contact Person)		Address City State, Zip+4		Phone	
Current (or last) Use of Property being demolished:		Estimated Start	Estimated Finish	<b>ESTIMATED VALUE OF PROJECT</b> \$	
<b>Residential</b> <input type="checkbox"/> Enter # of Units to be Wrecked <input type="text"/>	<b>Commercial</b> <input type="checkbox"/>	<b>Accessory Structure</b> <input type="checkbox"/> Type: _____	<b>Structure Size</b> Width Length Height		<b>TOTAL CUBIC FEET</b>
				<b>Cross Street:</b>	
				<b>Does the Structure have a Basement?</b> Yes or No	
<b>What is the Contract Standard for Removal?</b>				<b>Comments</b>	
<b>1) Total Removal</b> <input type="checkbox"/>	<b>2) Two (2) Feet</b> <input type="checkbox"/>	<b>3) One (1) Foot Below Grade</b> <input type="checkbox"/>	<b>4) Other (Explain in the Comment Area)</b> <input type="checkbox"/>		
<b>Authorization</b>			<b>Pin #</b>		
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.			<b>Legal Description:</b>		
Applicant's Signature			Date		
<b>Sign Offs Required</b>		<b>Office Use Only</b>		<b>SUMMARY OF FEES</b>	
Public Works / 25 - 4 <sup>th</sup> St. W., 10th Flr. City Hall Annex		Sewer Availability Credit (See Plan Examiner for SAC)		Permit Fee (Minimum \$70.00) \$	See Back for Fee Schedule
		Number of Credits Receipt #			
Sewer Dept / 25 - 4 <sup>th</sup> St. W., 7 <sup>th</sup> Flr. City Hall Annex		Historical Preservation 375 Jackson St., Suite 220  Required Approved		Make Check Payable to City of Saint Paul	
Water Utility - 1900 Rice St - Maplewood Fax: 651-266-1657		Extermination		Office Use Only Permit Number _____	
<b>PAYMENT MAY BE MADE BY CREDIT CARD!</b> If paying by credit card, please complete the following information:					
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa				Expiration Date: Month / Year	
Enter Account Number →					

**If you are paying for your permit by *American Express, Discover, MasterCard or Visa*,  
you may fax your application.  
The credit card information section must be filled in and signed.  
Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.**

**Signature of Cardholder:** \_\_\_\_\_

**Effective 01/01/2009**

## **INSTRUCTIONS FOR DEMOLITION / WRECKING PERMITS**

### **FEES**

**Wrecking of buildings or structure.  
Five dollars (\$5.00) per one thousand (1,000) cubic feet or fraction thereof,  
minimum \$70.00.**

**Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday.  
Phone number is 651-266-9002.**

**Permit Fee Information can be obtained by calling 651-266-9090, Monday - Friday, 7:30 AM - 4:30 PM.**

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